

10/09/01  
U.S. PTO

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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)

2.  Applicant claims small entity status.  
See 37 CFR 1.27.

3.  Specification [Total Pages **70**]

(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4.  Drawing(s) (35 U.S.C. 113) [Total Sheets **16**]

5. Oath or Declaration [Total Pages **4**]

a.  Newly executed (original or copy)

b.  Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)

i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)

6.  Application Data Sheet See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76

Continuation  Divisional  Continuation-in-part (CIP) of prior application No.: \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

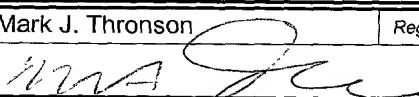
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

Customer Number or Bar Code Label

or  Correspondence address below

Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Mark J. Thronson				
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Country	US	Telephone	(202) 785-9700		Fax (202) 887-0689

Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082
Signature			Date
			June 4, 2001

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1,278.00)

## Complete if Known

Application Number	Not Yet Assigned
Filing Date	June 4, 2001
First Named Inventor	Hiromi Inada
Examiner Name	Not Yet Assigned
Group Art Unit	N/A

Attorney Docket No. H6810.0025/P025

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 04-1073

Deposit Account Name

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed

Check  Credit Card  Money Order  Other

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900
Other fee (specify)			

SUBTOTAL (1) (\$ 710.00)

2. EXTRA CLAIM FEES

Total Claims	36	-20** =	16	X	18.00	=	288.00
Independent Claims	6	-3** =	3	X	80.00	=	240.00
Multiple Dependent							

Large Entity Small Entity

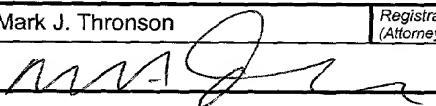
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim, if not paid	
109	80	209	40	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 528.00)

\*\* or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 40.00)

## Complete (if applicable)

Name (print/type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082	Telephone	(202) 775-4742
Signature				Date	June 4, 2001